Supplemental Application Data Sheet

Application Information

Application Number:: 10/560,429

Filing Date:: December 14, 2005

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: TRACEABLE METHOD AND SYSTEM FOR

ENCRYPTING AND/OR DECRYPTING

DATA, AND RECORDING MEDIA

THEREFOR

Attorney Docket Number:: 0512-1307

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: DAVID

Middle Name::

Family Name:: ARDITTI MODIANO

Name Suffix::

City of Residence:: CLAMART

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 46TER, RUE PAUL VAILLANT-COUTURIER

Address::

City of Mailing Address:: CLAMART

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 92140

Applicant <u>Two</u> Authority Type:: Inventor Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: OLIVER

Middle Name::

Family Name:: BILLET

Name Suffix::

City of Residence:: TOURRETTES/LOUP

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 1211 ROUTE DES VALLETTES SUD

City of Mailing Address:: TOURRETTES/LOUP

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06140

Applicant <u>Three</u> Authority Type:: Inventor Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: HENRI

Middle Name::

Family Name:: GILBERT

Name Suffix::

City of Residence:: BURES SUR YVETTE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 2, ALLÉE DES

PEUPLIERS

City of Mailing Address:: BURES SUR YVETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 91440

Correspondence Information $-i\omega$

Correspondence Customer Number::

00466

Representative Information

Representative Customer Number::	00466

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Applicatio	Date::
		n::	
This application	National Stage of	PCT/FR2004	6/2/04
		/001362	

Foreign Priority Information

Country::	Application Number::	Filing	Priority
		Date::	Claimed::
FRANCE	0307287	6/17/03	Yes

Assignment Information

Assignee Name::

FRANCE TELECOM

Street of Mailing Address::

6, PLACE D'ALLERAY

City of Mailing Address::

PARIS

State or Province of Mailing Address::

Country of Mailing Address::

FRANCE

Postal or Zip Code of Mailing Address::

75015